PA 13-74—sSB 1129
Public Health Committee
Insurance and Real Estate Committee

AN ACT CONCERNING HEALTH PLAN DATA

SUMMARY: This act requires the Connecticut Health Insurance Exchange Board of Directors to submit quarterly reports with specified information on health care services provided through the exchange. The board must report to the Human Services, Insurance and Real Estate, and Public Health committees. The first report is due March 31, 2014.

The information required to be reported focuses on health coverage for people with household incomes from 133% to 200% of the federal poverty level (FPL) (see BACKGROUND). The act also requires the board to submit other information it believes the legislative committees would need to evaluate the costs and benefits of a basic health plan.

The basic health program is an optional state health insurance program under the federal Patient Protection and Affordable Care Act (ACA) which would be generally available to state residents (1) ineligible for Medicaid, (2) under age 65, (3) with household incomes from 133% to 200% of the FPL, and (4) who are ineligible for "minimum essential coverage" (such as government- or employer-sponsored coverage), or cannot afford their employer's coverage.
EFFECTIVE DATE: October 1, 2013

HEALTH INSURANCE EXCHANGE BOARD REPORTS

Under the act, the required reports must include:

1. the number of people in households with incomes from 133% up to 150% of the FPL, and from 150% up to and including 200% of the FPL, who were enrolled in a qualified health plan (see BACKGROUND) at any time on or after January 1, 2014;
2. the number of people in households with incomes from 133% up to and including 200% of the FPL who (a) have been continuously enrolled in a qualified health plan during the current calendar year; (b) were enrolled in a qualified health plan and then became Medicaid-eligible or whose household income increased to more than 200% of the FPL; or (c) experienced a gap in health care coverage, the state's cost to provide health care services to them, and the cost to such people to access health care coverage through the exchange;
3. the cost of the second-lowest-priced silver premium plan in the exchange (silver plans cover 70% of the cost of essential health benefits); and
4. any other information that the board believes would be necessary to allow the legislative committees to evaluate the cost and benefits of a basic

health plan.

The act also requires the board to include in each year's first quarterly report the number of people in households with incomes from 133% up to and including 200% of the FPL who were enrolled in a qualified health plan at the end of the previous calendar year.

BACKGROUND

Federal Poverty Level

The federal poverty level for 2013 is $11,490 for an individual and increases by household size (e.g., $19,530 for a three-person household).

Qualified Health Plans Offered Through the Exchange

The law defines a "qualified health plan" as a health benefit plan certified as meeting criteria outlined in the ACA and the exchange law (CGS § 38a-1080). Only qualified health plans can be made available through the exchange (CGS § 38a-1085).

OLR Tracking: JO:JKL:PF:ts